



**LOS ANGELES COUNTY
GRAND JURY
1987-1988**

**AN INTERIM REPORT ON
HOMELESSNESS IN
THE COUNTY OF LOS ANGELES**

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LOS ANGELES COUNTY
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AN INTERIM REPORT ON
HOMELESSNESS
IN THE
COUNTY OF LOS ANGELES

THE
JOURNAL OF THE
ROYAL ANTHROPOLOGICAL INSTITUTE

OF THE
LONDON SOCIETY
OF THE
ANTHROPOLOGICAL INSTITUTE

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EXECUTIVE SUMMARY

SOCIAL SERVICES COMMITTEE

HOMELESS STUDY

Focus/Issues

The focus of this study was to determine 1) the estimated size and characteristics of the homeless population 2) public and private involvement in service delivery 3) identify organizations best equipped to provide leadership and 4) determine the best approach to deliver services. The Grand Jury perceived a lack of coordination among the numerous agencies providing services to the homeless and noted that the provision of service is fragmented and has not solved the problem.

Method of Investigating

Personal interviews were conducted with representatives of local government, coalitions, the legal community, service providers, homeless people and others involved in homelessness. Documentation was reviewed concerning homelessness including two current lawsuits, studies, task force reports, service provider listings, grant applications, newspaper and magazine articles and general relief application materials. Site visits were conducted to areas where large concentrations of the homeless exist general relief offices, medical facilities, shelters and missions. Written questionnaires were mailed to over 100 providers of service to the homeless and over 30 were returned.

Findings

- . Los Angeles County has the largest homeless population in the country, estimated to number approximately 35,000 men, women and children
- . If inadequately housed people are included in the number of homeless. The above figure would increase an estimated ten times larger.
- . Estimates of demographic characteristics of the homeless include:
 - 40% families with children
 - 40% veterans
 - 33% mentally ill
 - 25% employed full-time but not earning enough to afford housing
- . These figures total more than 100 percent due to overlap between groups.

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1. Introduction

The purpose of this study was to determine if the estimated size and composition of the population of the United States is changing. A review of the literature in this field suggests that the population of the United States is changing. The Bureau of the Census has estimated that the population of the United States will reach 200 million by the year 2000. This is a significant increase from the current population of approximately 150 million.

2. Methodology

The data for this study were obtained from the U.S. Census Bureau. The data were analyzed using statistical methods. The results of the analysis indicate that the population of the United States is increasing. The rate of increase is estimated to be approximately 1% per year. This is a significant increase from the current rate of approximately 0.5% per year. The increase is attributed to a number of factors, including immigration and a decline in the death rate.

3. Results

The results of the study indicate that the population of the United States is increasing. The rate of increase is estimated to be approximately 1% per year. This is a significant increase from the current rate of approximately 0.5% per year.

4. Discussion

The results of the study have important implications for the future of the United States. The increasing population will place a significant burden on the country's resources. It will be necessary to develop strategies to deal with the challenges posed by a growing population.

5. Conclusion

The study has shown that the population of the United States is increasing. The rate of increase is estimated to be approximately 1% per year. This is a significant increase from the current rate of approximately 0.5% per year.

6. References

in the State, placing a significant burden on the General Relief System which is totally County funded.

- . Low income housing is seriously lacking in the County and is seriously impacted by the large immigrant influx-Los Angeles absorbing 25% of all immigrants to the U.S.
- . Healthcare, dental care, childcare, food, clothing, alcohol/drug treatment, job training and education are lacking for the homeless.
- . Services are fragmented and evidence a lack of case management-comprehensive provision of services to meet a variety of a homeless person or family's needs.
- . Most resources are currently being directed to short-term needs and thus create a lack of transitional services - housing, money management and living skills necessary to permanently end a person's homelessness.
- . A recent survey defined poverty and homeless as the U.S. populations' second highest concern.
- . Locally, the County Board of Supervisor's is the best entity to provide leadership on the issue of homelessness.

Recommendations/Commendations

Recommendations: The Grand Jury recommends that:

1. The Board of Supervisors enhance the needs of the homeless by designating advocates of the homeless on each of its staff.
2. Leadership be provided to the County, City of Los Angeles, as well as other cities, by:
 - . creating a Board of Supervisor Administrative position to provide advocacy, lobbying and development of policies related to affordable housing, childcare, job training and other issues related to homelessness, and
 - . supporting legislative initiatives that establish needed services for the homeless even when such initiatives are deemed politically unpopular.
2. The Board of Supervisors' reexamine housing programs to develop funding to supply affordable housing specifically addressing the needs of people with very low incomes. Other aspects should include developer contributions per project square footage to a housing trust fund,

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inclusionary zoning (a minimum number of affordable units in each area), and density incentives (Extra density incentives to developers to provide a percentage of units for the very low-income and for the handicapped.

4. The Board of Supervisors provide space and/or seek increased funding for provision of services to the homeless for:
 - . Outreach, particularly to veterans, women, the mentally ill, and discarded youth
 - . Case management (monitoring, arranging for and assessing comprehensive services for a homeless person/family)
 - . Increase shelter beds - by 1990, United Way has projected a minimum requirement of 13,000 shelter beds.
5. The Board of Supervisors implement a pilot program to create neighborhood or regional service centers for intake and referral of all homeless people. Each homeless person or family's needs would be comprehensively assessed at these centers and provided services on site, when possible.
6. The Board of Supervisors establish a pilot program using a mobile trailer to provide outreach and referral to the homeless.

B. COMMENDATIONS

The Grand Jury commends:

- . The many shelter providers and others who provide services to the homeless who work in poor conditions for low pay. The dedication and involvement over a long period of time of many of those interviewed is outstanding.
- . The City of Santa Monica which is on the forefront of providing leadership services and housing to the homeless.
- . Staff within the County of Los Angeles Departments' of Mental Health, Health Services, Public Social Services, Veterans Affairs, Community and Senior Citizens Services, Children's Services and Community Development Department for their many efforts to assist the homeless.
- . The City of Los Angeles Community Redevelopment Agency for creating the Skid Row Development Corporation and assisting in provision of affordable housing and Shelter Services through funding of Shelter Partnership and others.
- . The City of Los Angeles Community Development Department for assisting in the creation of a homeless policy.
- . United Way for funding key organizations and conducting research on the issue when the problem first mushroomed, as well as for convening the important "Public Officials' Dialogue."
- . The Unitarian Universalist Society of Sepulveda for accepting the installation of City of Los Angeles mobile trailers for the homeless on their property.

I. FOCUS/ISSUES

A. AREAS FOR REVIEW

The focus of this study is to:

- . Estimate the size and characteristics of the target population
- . Identify public and private involvement
- . Review services being delivered
- . Determine the extent of service delivery
- . Identify organizations best equipped to provide leadership
- . Determine the best approach to deliver services.

Our methodology for conducting this study is presented in Section II-A.

B. SCOPE OF WORK

The Grand Jury's Social Services Committee requested an investigation into homelessness within the County. There appears to be numerous agencies providing services to the homeless such as various government agencies, public entities, private organizations and non-profit groups. The provision of these services appears fragmented, uncoordinated and has not solved the problem. The Social Services Committee directed a study to identify reasons for the increasing problem of homelessness, what leadership and organizational focus could assist in helping and possible solutions to unmet or uncoordinated services.

II. METHOD OF INVESTIGATING

A. METHODOLOGY

This study was performed using the following methodology:

- . Personal interviews were conducted with representatives of local governments, coalitions, the legal community, service providers, homeless people, and others involved in homelessness. Approximately forty interviews were completed over a three-month period. A list of interviewees, (excluding those who were or are homeless), is contained in Appendix A.
- . A large amount of documentation on or about homelessness was reviewed. This included two current lawsuits, studies, task force reports, service provider listings, grant applications, newspaper and magazine articles, and General Relief application materials. A list of documentation reviewed is contained in Appendix B.
- . Site visits were conducted to General Relief offices, medical facilities treating the homeless, shelters, missions, and areas where large concentrations of homeless exist (Skid Row-Central City East and the Venice-Santa Monica beach area). Site visits generally were performed without informing local officials or agency management, to obtain a clear viewpoint of actual conditions. Approximately twelve such visits were conducted by the Audit Team. The Social Services Committee completed additional visits.
- . Written questionnaires were mailed to more than 100 providers of services to the homeless (primarily shelter operators) asking for viewpoints on the six issues contained in this report. Given only one week to respond, thirty providers returned surveys.

III. FINDINGS

A. SIZE AND CHARACTERISTICS OF THE TARGET POPULATION

Background/Findings: Los Angeles County has the largest homeless population in the United States. A 1984 Federal Housing and Urban Development Department study estimated that there were 35,000 to 50,000 homeless in the County at that time. A report issued by the Los Angeles County Task Force on the Homeless in 1985 estimated that the number of homeless was closer to 25,000. However, the National Coalition for the Homeless conducted a twenty-five city survey in 1987 that determined the number of homeless has grown approximately 35 percent in the last two years. This would place the current homeless population in the County at approximately 33,750 men, women, and children, using the 25,000 1985 estimate as a base.

Who are those 33,750 children, women, and men existing in cars, alleys, parks, doorways, boxes, shelters, and missions? And what did they do to get there - without food, shelter, clean clothes, showers, toys? The following discussion is divided into two sections:

- . Who are the homeless?
- . What causes homelessness?

Who are the Homeless?

Many different kinds of people, needing many different things, are homeless. Most are average people with low incomes who find themselves without shelter due to economic circumstances. Many are veterans. Some are mentally ill and some abuse drugs and/or alcohol. Some are youth or women escaping physical abuse or other circumstances in their homes. Most are under 50, with a very large percentage being children. Many are black, although the combined white/Latino population of homeless exceeds the black population. Most are men. These figures describe some of the population:

- . 25% have full-time jobs that do not pay enough to allow for housing
- . 40% are families with children -- a segment of the homeless population that is increasing at the fastest rate
- . 40% are veterans
- . 33% are mentally ill
- . A small percentage have physical disabilities

(These figures equal more than 100 percent because of overlap between groups.)

United Way completed a first-of-its-kind study, in March 1986, of shelters in the County. In surveying shelter clients they found notable differences among those in shelters located downtown and those located in suburban areas. In reviewing these statistics, one should not draw a conclusion about the homeless themselves. People who successfully obtain a shelter bed may be different from those who do not.

SHELTER CLIENTS BY AGE GROUPS

<u>Age</u>	<u>Downtown (%)</u>	<u>Suburban (%)</u>
0 - 18	3.3	25.6
19 - 25	20.6	21.7
26 - 35	23.3	28.4
36 - 50	40.6	15.8
51 - 64	8.3	6.3
65+	<u>3.9</u>	<u>2.2</u>
Total	100.0	100.0

SHELTER CLIENTELE BY ETHNIC GROUPS

<u>Ethnic Group</u>	<u>Downtown (%)</u>	<u>Suburban (%)</u>
White	29.6	40.4
Latino	24.5	35.5
Black	42.8	20.4
Indian	2.5	1.3
Asian	<u>.6</u>	<u>2.4</u>
Total	100.0	100.0

According to the study, shelter clients downtown are mostly blacks between 36 and 50. In suburban shelters, clients are mostly whites between 26 and 35 (closely seconded by those under 18).

Homeless families also have some significant characteristics. Studies have defined four major subgroups -- unemployed couples with children, mothers leaving relationships, teenagers who are mothers, and mothers on welfare (Aid to Families with Dependent Children, or AFDC). Of families who seek shelter, an average of 40 percent can't be placed due to lack of available space.

Homelessness has profound effects on its victims, especially children. Commonly seen are developmental delays (not walking, talking, or sitting up on time), developmental regressions

(children who had already learned to walk reverting to crawling), stress symptoms (increased clinging, crying, nightmares) and illness (pneumonia, skin diseases, malnutrition). Once homeless, 43 percent of school age children do not attend school.

Once families become homeless, many other problems develop as a result of the lack of shelter. A City of Los Angeles funded study conducted by Kay McChesney at the University of Southern California (USC) noted such examples as an inability to obtain or maintain income assistance or to look for work, a propensity to lose an existing job because there is no way to bathe or wash clothes, hunger, increased health problems (up to and including illness from eating spoiled food), and several others.

As a final note, if one includes in estimates of the homeless population those who are inadequately housed (people temporarily depending upon relatives for shelter, those living in garages without toilets or in utility closets in slum housing, etc.), the number of homeless would rise as much as ten times.

According to McChesney's study, "doubling up" as it is called, seems to be one of the first forms of defense used by Los Angeles area families against the prospect of homelessness. Interview data suggest that as families run out of relatives or friends to double up with, they start to slide into brief and then more extended periods of homelessness. Doubling up, then, can be a signal that a family is nearing homelessness.

What Causes Homelessness?

Poverty

Poverty and hunger are increasing in the United States. At the same time, massive cuts are occurring in affordable housing, health care, mental health care, and entitlement programs, such as welfare (AFDC) and support for the disabled (Social Security Income [SSI]/Social Security Disability Income [SSDI]). The cost of living in this country and in Los Angeles in particular is rising above the financial capabilities of hundreds of thousands of people. When this happens, men, women, and children are forced into the street.

In Who Are The Poor? by Michael Harrington and published by Justice for All, the following statistics are presented:

"In 1986, the proportion of the poor who fell into the 'poorest of the poor' category (those with incomes below half the poverty line) reached its highest level, 39.2 percent, in more than ten years.

"In 1986, the poorest fifth of all U.S. families received 4.6 percent of the total national family income, the lowest percentage since 1954. At the same time, the wealthiest fifth received 43.7 percent of the total, the highest percentage ever recorded, and the top 5 percent received 16.7 percent, more than the total income share of the bottom two fifths of the population combined.

"In 1986, the middle fifth of all U.S. families received only 16.8 percent of the total national family income, the lowest share recorded for this group since 1947.

"In 1986, 32.4 million people lived below the poverty line, as compared to 24.7 million people in 1977.

"In 1986, whites represented 69 percent of the poor, blacks represented 28 percent, and other races represented 3 percent.

"In 1986, 41.5 percent of all poor people over the age of 14 worked full time but did not earn enough to escape poverty.

"Only one-third of the 32.4 million poor people in this country receive welfare.

"In 1979, 6.5 million working people fell below the poverty line. By 1983, that number had risen to 9.4 million. In 1986, after four consecutive years of economic recovery, the number of working poor had fallen only slightly, to 8.9 million."

Various reports estimate that 65 percent of the homeless are without shelter for economic reasons such as not earning enough to pay for shelter, unemployment, lack of child care; or financial crises such as sudden medical bills. The 1986 United Way study of shelter clients found the following:

Primary Problem

<u>Problem</u>	<u>Downtown (%)</u>	<u>Suburban (%)</u>
Unemployment	23.3	46.0
Battered Women	.7	2.9
Disabled or Elderly	6.6	.8
Discarded Youth (Runaway)	.9	5.5
Mental Illness	22.2	14.2
Alcohol Abuse	39.3	14.5
Drug Abuse	7.0	16.2
Total	100.0	100.0

Why have the ranks of the homeless become so obvious in the last few years? Since 1980, large gaps have opened up in "safety net" programs that previously aided the working poor, the disabled, the mentally ill, and those undergoing temporary crises. The Reagan administration has made huge cutbacks in social service programs. Employment and training programs have been cut 73 percent in inflation-adjusted dollars from 1980 to 1988. Funds for community development have been cut 66 percent, health care 42 percent, education 57 percent, and social services 37 percent. Because of these Federal cutbacks, between 1981 and 1983, 54,000 disabled Californians had their benefits (SSI - usually approximately \$600 monthly) terminated. Again because of Federal cutbacks, 34,000 very poor families were terminated from welfare benefits (averaging under \$400 month). Many of these people who were unable to depend upon family or friends have joined the homeless.

Los Angeles bears an inordinately large burden of the indigent in the State and of the immigrants in the United States. Support by the Federal and State governments has in no way reflected this. The County has in many ways gotten "stuck" with a problem largely created by the policies of others.

Housing

The most critical element in the cause of homelessness is a tremendous and growing lack of affordable housing. The United States Department of Housing and Urban Development estimates the market rental rate in 1987 for a single (studio) apartment in Los Angeles County to be \$530 a month. At minimum wage, a person's before-tax income is \$680 a month. Those workers employed at or close to minimum wage are an important part of the Los Angeles economy, comprising many food service workers, retail sales people, housekeepers, child care providers, and low-skilled manufacturing and health care workers.

A general guideline in the lending community recommends that housing costs not exceed one-third of gross income. With a studio apartment costing more than \$500 a month, each Los Angeles resident would have to earn at least \$18,000 a year to afford to rent here. The fact is, service workers cannot be paid at that level without a negative effect on the economy. Paid less, most can't afford to live here, yet their services are vital to many businesses.

General Relief Policies

The City of Los Angeles has sued the County, alleging that the General Relief (GR) System is a major contributor to homelessness. General Relief is a loan made by the County of Los Angeles to an indigent person who meets the following criteria:

- . Income less than \$280 monthly
- . A vehicle worth less than \$1,500
- . Less than \$50 in cash
- . A home assessed at \$34,000 or less
- . Less than \$500 in personal property.

Once the above criteria are met, an applicant must submit an application and wait an average of seven hours to speak to a caseworker from the Department of Public Social Services (DPSS). The GR process is tedious and difficult to complete.

Generally the Relief offices have more than 200 people waiting all day in smokey rooms with inadequate seating. Armed, uniformed, security guards are the only staff members in the room. If the homeless new applicant does not have certain documentary identification, he or she has to see the 'welfare fraud investigator,' who calls the person into a back room, flashes a badge, fingerprints and photographs the applicant, and calls relatives to identify him or her. Often people are not told that they are not actually being investigated for welfare fraud. To apply for General Relief you have to make three or four other trips to other agencies, usually on foot, to gather eligibility information. If you do not have your Social Security card, for example, you have to go to a Social Security office to secure a receipt saying that you applied for a replacement.

Fully 10 percent of the checks that are issued each month get 'lost' in the system, often because of incorrect data entry. Once a check is lost, it takes a minimum of ten days to replace it, and generally two more office visits.

Able-bodied General Relief applicants have to complete job-search requirements. These consist of getting a card from the Employment Development Department and filling out a monthly job-search form. The form asks the person on General Relief to record the addresses, telephone numbers, and signatures of people at twenty businesses where they have sought jobs.

A monthly form must be turned in that reports any address or income change. If the form is late, your case is closed.

The General Relief grant is \$280 per month for individuals living alone. This is supposed to represent a budget of \$175 for housing, \$90 for food and \$15 for personal-care items. The cheapest room on Skid Row costs upwards of \$220 a month.

The General Relief application process is especially difficult for the homeless, as well as the mentally ill. There are trained mental health workers in nine of the sixteen General Relief offices. DPSS caseworkers are supposed to refer all potentially mentally ill applicants to these workers. In January 1987 the number of referrals from the General Relief offices to the mental health professionals was 149 (out of at least 10,000 people who applied). In February 1987 the number of referrals was 130. The small number of referrals compared to the known incidence of mental illness in the homeless may indicate a problem in the process to assess mentally ill General Relief applicants.

As was previously mentioned, sixty-day penalties are applied to applicants who do not complete some aspect of the General Relief process. During this sixty-day period the applicant cannot apply for General Relief and is essentially denied all help for food or shelter. The vast majority of penalties (89 percent [2,209] of 2,494 total penalties and 88 percent [1,681] of 1,903 total penalties, in two 1987 periods) are related to noncompliance with the workfare project. The workfare project is a requirement that those who apply for General Relief and deem themselves "employable" must work off their \$280 grant at minimum wage (about ten days of work). Tasks include cleaning the freeways of litter, cremating remains, and performing various tasks in the County hospitals. There is no effort made to match the location of a General Relief recipient's shelter to location of work, although participants in the workfare project are given special transportation money. Most shelters serve meals during established time periods -- perhaps 7 a.m., noon and 5 p.m. If a General Relief recipient must leave at 6 a.m. to work at a workfare project, works all day in a remote location and arrives back at a shelter at 7 p.m., he or she receives no food the entire day.

For these reasons, as well as many others, General Relief recipients may have difficulty meeting workfare requirements, thus incurring a sixty-day penalty. At the much publicized "Urban Campground" during the summer of 1987, DPSS reviewed all those who were at the Campground who were under sixty-day penalties. Of fifty-three people with a penalty, fifty-two were found to be inappropriately sanctioned and thus had the penalty waived. The sixty-day penalty was instituted in 1982 for the purpose of saving the County an estimated \$16-20 million a year.

The General Relief process seems to be difficult not only for those who apply, but also for those who work within the system. There appears to be inadequate training for staff, an inadequate number of staff for the large caseloads, minimal automation and poor working conditions. The staff works under stressful conditions and many are helpful and go beyond the requirements of their job to serve General Relief applicants.

B. PUBLIC AND PRIVATE INVOLVEMENT

Background/Findings: As the number of people without shelter has grown, the public sector has increasingly become involved in funding, as well as providing services. Prior to 1982, services to the homeless were almost exclusively provided by religious institutions through missions and "soup kitchens." The following list of public-sector involvement is taken from the 1986 United Way study:

Los Angeles County Department of Public Social Services (DPSS)	Welfare grants to families and individuals; food stamps; Medi-Cal (health care)
Los Angeles County Department of Mental Health	Services to mentally ill homeless
Los Angeles County Department of Health Services	Health care for medically indigent; health code inspection of shelters
Los Angeles County Department of Community and Senior Citizens Services	Antipoverty and community development block grant programs; distribution of Federal surplus food
Los Angeles City Department of Community Development	Antipoverty and community development block grant programs, including housing development and job training
Los Angeles City Community Redevelopment Agency (CRA)	Contracts with shelters for beds; capital funding for shelter development, in redevelopment areas; funding for development of long-term low-cost housing
Los Angeles County Alcoholism Program Office	Alcoholism rehabilitation services linked to shelter programs
Veterans Administration	Homeless veterans' services
State Employment Development Department	Job placement service, e.g., office located in Midnight Mission which caters to Skid Row clientele

Smaller cities, including the cities of Santa Monica, Long Beach, and Pasadena, also have funded services to the homeless.

Prior to 1983, services to the homeless were primarily provided by the private sector and usually through religious organizations. Community-based groups continue to comprise the majority of shelter providers, drop-in centers, feeding stations, and the like, although these providers are increasingly not religiously affiliated. There are currently approximately 140 providers of shelter services in Los Angeles County, according to a 1987 Shelter Partnership directory. These shelters are operated by religious institutions and non-profit groups who receive funding from government, foundations and donations.

Funding for the homeless has come from the Federal government (FEMA Emergency Food and Shelter Program, McKinney Act), the State (AB 1733-Isenberg legislation, Bronson legislation for the homeless mentally ill), the County, and various cities throughout the County. The following summarizes Federal funding:

Federal Homeless Appropriations

Program	Purpose	Level of appropriations
FEMA Emergency Food and Shelter Program	<p>Purchases food, consumable supplies, and small equipment.</p> <p>Provides utility and rent assistance, emergency lodging, and minor rehabilitation of shelters.</p>	<p>1983-87 \$365 million</p> <p>1987 \$10 million (McKinney)</p> <p>1988 \$114 million</p>
HUD Emergency Shelter Grants Program	<p>Provides grants for renovation, major rehabilitation, or conversion of buildings used as emergency centers for homeless.</p> <p>Provides assistance for certain operating expenses and social services.</p>	<p>1987 \$10 million</p> <p>1987 \$50 million (McKinney)</p> <p>1988 \$8 million</p>
HUD Supplemental Assistance for Facilities that Assist Homeless	<p>Provides comprehensive assistance for innovative programs for meeting the short- and long-term needs of the homeless.</p> <p>Provides supplemental funding for projects in the ESG or SHD programs.</p>	<p>1988 \$-0- million</p>
HUD Section 8 Assistance for Single Room Occupancy Dwellings	<p>Encourages renovation of single room occupancy units by providing rental assistance for such units.</p>	<p>1987 \$35 million</p> <p>1988 -0-</p>

In 1987-88 the State appropriated \$52.3 million in State funds and \$7 million in State-administered Federal funds, not including welfare (AFDC), Medi-Cal, disability (SSI), and food stamps. The County of Los Angeles spent \$212 million in 1987-88 on homeless assistance, including GR grants, \$1 million of that from general funds. The City of Los Angeles spent \$60 million and the City of Santa Monica spent \$900,000 during the same 1987-88 period.

In addition to operation of services to the homeless, the private sector is an important source of financial support, leadership, and in-kind contributions to the homeless. Most community-based organizations depend to some extent on public donations. Two public/private groups recently have been founded to aid agencies serving the homeless - Greater Los Angeles Partnership for the Homeless (GLAPH) and Building a Better Los Angeles. These two groups have raised more than \$3 million dollars.

Leadership is also provided through homeless coalitions, task forces, and advocate groups. Coalitions as of 1986 included:

<u>Name</u>	<u>Geographic Area</u>
Concerned Agencies of Metropolitan Los Angeles (CAMLA)	Downtown Los Angeles
CHIP-IN	Hollywood
Emergency Shelter Task Force	Pasadena
Family Shelter for the Homeless Coalition	Long Beach

A very important contribution by the private sector is the establishment of surplus food distribution with related trucking services to transport food to the sources that need it. There are some 400 food pantries, six food banks and 100 soup kitchens in the County. Over \$165 million a year in food, volunteer labor and cash make these possible. One of the largest food banks is the Los Angeles Regional Food Bank that collects approximately 18 million pounds of food annually and distributes it to over 300 agencies serving 425,000 people monthly.

<u>Name</u>	<u>Geographic Area</u>
Harbor Interfaith Coalition	San Pedro
County-Wide Coalition for the Homeless	County-wide
Pomona Council of Churches	Pomona
San Fernando Valley Interfaith Council	San Fernando Valley
South Central Coalition	South Central Los Angeles
Valley Mayor's Fund	San Fernando Valley
Venice Coalition	Venice
Westside Shelter Coalition	Santa Monica

In-kind contributions include volunteer time (which is much needed by organizations), food, supplies, and clothes.

The California legislature last year passed twenty-three bills dealing with the homeless. Twenty-one were signed by the Governor. Some of the key bills are:

- SB 572: Created \$35 million in low-income housing tax credits as an incentive to developers to build affordable housing
- SB 1297: Created the California Housing Partnership to sell tax credits to corporations. Generated funds will be used to buy buildings that were once price controlled from the Federal government.
- AB 2144: Exempts low-income rental housing owned by non-profit organizations from local property taxes.
- AB 1735: Forces cities and counties to spend 20 percent of redevelopment tax increment dollars on building low-income units by closing loopholes in State redevelopment law. Will result in \$100 million spent Statewide on housing.
- AB 1733: Created a \$38 million entitlement program providing homeless families with vouchers for stays up to one month in an emergency shelter and creates a fund to help pay for first and last month deposits for apartments.

C. SERVICE DELIVERY SYSTEM

Background/Findings: The United Way study described various types of shelters. According to the study, shelters are facilities that provide overnight accommodations for brief or longer-term periods. Shelters included in this study are generally accessible to anyone who needs service on a walk-in basis, rather than requiring referral by another agency which screens clients. This study does not include "voucher" arrangements through which clients are sent to a motel, hotel, or shelter with appropriate documentation (a voucher) for payment of costs by the referring agency, often using government funds.

Short-Term Shelters generally limit the length of time a person can stay at the shelter, with a limit of one night to two weeks. Shelters vary in policy on repeat visits; a few large shelters allow clients to return an unlimited number of times at intervals of three to five weeks, but most shelters discourage or prohibit return stays except under unusual circumstances. There are two basic models for short-term shelter service:

- . Basic Needs Model usually allows a stay of only a few nights, with most clients receiving food and a bed only. Counseling and other social services are usually available and participation in religious services may be mandatory. Most large Skid Row area shelters are of this type, as well as a considerable number of shelters in suburban areas.
- . Casework Model tends to be typical of smaller shelters with the typical client staying for one to three weeks. Most clients receive individual counseling and casework assistance to try to find regular living arrangements and a source of financial support, as well as other services that may be needed.

Long-Term Shelters provide for a variable length of time in the shelter, depending on individual needs. In these shelters, clients may stay for a few weeks or several months, until they are able to get on their feet financially and emotionally. Some shelters deposit a portion of a client's welfare grant in a savings account to accumulate enough for first and last month's rent to move into permanent housing.

- . Intensive Treatment Model provides an array of services to rehabilitate the client, which may include counseling, casework, psychiatric treatment, group therapy, job placement, health services, etc.

- . Transition Model provides for continued shelter residence or supportive services during a period after the client has been stabilized and found a job or a permanent source of support. A client may continue to reside in the shelter for a transitional period of several months to reinforce new living habits or social skills and to develop a reliable support network before moving to independent living. After leaving the shelter, clients may continue to participate in services such as peer counseling groups, or may be helped to establish a relationship with agencies in the community to obtain needed services for an extended period -- for example, family counseling, Alcoholics Anonymous, or financial management for a confused elderly person. Transition model shelters often provide for residence from two to nine months.
- . Unlimited Stay Model shelters do not use a time limitation for service. These shelters may serve persons with permanent disabilities such as severe mental illness for which extended care is needed, although the person does not qualify for involuntary commitment to a mental institution; persons who can afford only a very small rent that is below market level; or clients who develop a commitment as members of a religious community.

The intensive treatment model and transition model may be combined, with clients receiving more intensive services during a period after entering the shelter, tapering off to support services during a transition period. Some types of transition-oriented shelters closely resemble basic residential treatment programs, differing only in that their clients have difficult economic problems as well as emotional, health, or social adjustment difficulties.

Drop-In Centers or Daytime Shelters provide a place where homeless people can rest, clean up, or sleep, temporarily escaping from life on the street. Services offered by daytime centers can include counseling, a quiet place to sit, recreational activities, referrals to other forms of assistance, and shower facilities. These shelters may provide meals and beds for daytime sleeping ("day beds"), but do not provide overnight accommodations.

Soup Kitchens offer food only and serve as a place where homeless people can drop in for sandwiches, soup, or some other cheap but filling meal. While most soup kitchens provide only food and do not provide residential care, some may provide additional services such as counseling or referral to other needed services. Some soup kitchens are open all day while others serve meals only at designated times. They often use

grocery store surplus goods and food donated by local restaurants. A few shelters also provide meals to homeless or needy people who are not shelter residents.

Supportive Services refer to a wide range of assistance provided by shelters. They can include on-site services such as recreation, mail receiving, social work counseling and casework (including assistance in application for public benefits), free clothing, storage for personal items, shower/shave facilities, laundry facilities, religious services, and spiritual counseling. Many supportive services, however, such as job training and placement, legal advice, or health care are provided off site, and homeless clients are commonly referred by shelters to providers of other needed services. Childcare is an important supportive service in shelters that work with homeless families, to enable parents to keep agency appointments or seek work.

Transitional Care is a term used to describe services provided following shelter care to facilitate a successful transition to independent living. Because homelessness can be disorienting and cause loss of confidence and self-esteem in its victims, many homeless individuals need support systems and sustained encouragement to achieve and maintain self-sufficiency. Transitional care may include counseling, follow-through casework with other agencies, and peer counseling group sessions.

The 1986 United Way study identified 3,495 shelter beds throughout the County for the following groups:

<u>Group</u>	<u>Number of Beds</u>	<u>Percent</u>
Mentally ill	42	1.0
Single women	67	2.0
Homeless youth	146	4.0
Couples and singles	367	11.0
Single men and women	547	16.0
Families with children, single men, women, couples	1,122	32.0
Single men	1,204	34.0
	<u>3,495</u>	<u>100.0</u>

In May 1987 Shelter Partnership found 4,947 shelter beds in the County.

Other services being delivered by the public and private sectors to the homeless include:

- . Health care
- . Mental health care
- . Welfare (GR, AFDC)
- . Disability income (SSI/SSDI)
- . Employment and job training
- . Rental deposits
- . Food, clothes, hygiene kits
- . Alcoholism/drug rehabilitation
- . Job placement
- . Money management
- . Case management
- . Outreach
- . Advocacy
- . Housing/housing subsidiaries.

There is a severe shortage of all services to the poor and homeless. Below, we present background/findings for the areas of shelter beds, welfare/General Relief, housing, health care, dental care, child care, food/clothes, alcohol/day treatment, job training and education, case management, and transitional services.

Shelter Beds

At last count, there are nearly 5,000 shelter beds in the County, for nearly 35,000 homeless. There are an estimated 11,550 homeless mentally ill people on the streets, with less than 100 beds specifically set aside for them.

A total of six shelter beds are specifically allocated to the disabled. None of the shelters funded in the last three years were required to be handicapped accessible. Shelter beds are also lacking for families, discarded youth, single women, battered women, and persons who abuse alcohol or drugs.

There are no voucher hotels on the Westside of Los Angeles (Venice-Santa Monica), the closest being in West Hollywood. Voucher hotels are hotels which have agreed to accept vouchers in lieu of cash payment from guests. Vouchers are issued primarily by DPSS to homeless GR applicants.

Geographically, there is a lack of shelters in the San Gabriel and San Fernando valleys, South Central Los Angeles, and Hollywood.

Welfare/General Relief

No form of income support is available to those denied GR or AFDC. Management personnel of GR are measured on their ability not to spend more than a certain budget amount, rather than their ability to assist eligible people. This has led to the creation of a system apparently designed to keep out as many people as possible. GR policies are standardized; however, practices are reported to vary greatly from office to office.

Los Angeles County has the largest number of indigents in the State, comprising approximately 52 percent of all cases. The average monthly GR caseload in the County is more than 40,000 cases. The next largest caseload in the State is San Francisco, with 8,000 cases, and San Diego, with 2,700. The State provides no funding assistance to the County in this regard.

Housing

If enough affordable housing were available, the majority of homeless would not be on the street. We are only now beginning to see the effects of housing policies implemented eight years ago. The lack of housing will continue to worsen as more low-income housing reverts to market rates, real estate values rise, older housing is torn down or rehabilitated to more expensive units and demand for housing increases. California now absorbs more than 25 percent of all immigrants to the United States and, of those, more than half settle within this County. We already cannot house those who are here.

Housing program cutbacks have been severe. Between 1981 and 1985 funding for the Federal Housing Loan Program dropped from \$7.3 billion to \$1.1 billion. The Federal Housing Assistance Program was cut from \$27 billion to \$10 billion during the first four years of the Reagan administration. There has been a 70 percent reduction in funding to the Housing and Urban Development Department between 1980 and 1985. The Federal Neighborhood Reinvestment Corporation estimates a 27 percent decrease in available low-income housing with a 44 percent increase in those who need it. More than 100,000 people are on waiting lists for County and City of Los Angeles public housing units and housing subsidiaries.

A great deal of low income housing has been demolished in the past ten years as single room occupancy hotels have given way to the gertification of downtown and buildings have been rehabilitated to meet earthquake standards and thus upgraded above the level of being "low-income" housing. The Federal government has largely abandoned development of low income housing, and has not contributed to the development of these

units in the last decade. Until the lack of affordable housing is addressed, people with low incomes will be shifted around rather than permanently assisted.

Health Care

The Los Angeles Homeless Health Care Project was initiated in 1985 to increase primary health care to the homeless, as well as to provide training to shelter providers, advocacy, and resource development. This organization is an important asset. However, the publicly funded health care system in the County is dramatically overburdened and presents significant barriers to obtaining necessary care. These include such problems as three to four months waiting lists for prenatal care; day-long waits to see a physician who even then may not have time; and inaccessibility of services to many shelters.

Dental Care

There is not a system of publically funded dental care, although some community organizations offer dental care. The Homeless Health Care Project found in a survey of homeless that 100% of those surveyed needed critical dental services.

Childcare

Many homeless families and those on the margins of becoming homeless could afford shelter if they had available and affordable childcare that could allow them to work.

Food/Clothes

Shelters and the homeless continue to need food and clothing donations. As discussed previously, food banks are an integral part of shelter operations, without which many shelters could not exist. Even with the provision of many tons of surplus food to agencies throughout the County, not enough food is available and more transportation services are needed to assure that surplus food reaches those who need it before it perishes.

Alcohol/Drug Treatment

There is currently a sixty to ninety day wait for entrance to a substance abuse maintenance program. Once a homeless substance abuser commits to entering a treatment facility and becomes sober, he or she is frequently released back to the street without needed support, shelter, and education in continuing to live substance free.

Job Training and Education

A third of all adults in the United States have not graduated from high school. Some of them are homeless. The homeless without marketable skills, who are employable, need training in job search skills, as well as vocational training. The County DPSS has an excellent program of this type called Earnings Alternative Resource Network (EARN) which serves 150 GR recipients a month. This and other programs need to be expanded and established to provide job preparation and training.

Case Management

Several excellent case management programs for the homeless exist including Ocean Park Community Center, Harbor Interfaith, Los Angeles Men's Place and Skid Row Mental Health. In non-case management oriented programs, there is a tendency to treat homeless people in a fractionalized manner without regard to the total needs of the family or person. Much of this orientation is derived from the fact that most County or Federal agency treat one small issue in a homeless person's life, no one agency is aware of what the other has to do or will do. To receive a variety of needed services in the County, many shelter operators estimate that a total of seventy forms must be filled out at numerous offices in different locations. In contrast, case management addresses the entire needs of a homeless person, providing advocacy, referrals, and ongoing assistance.

Transitional Services

Once a homeless person finds shelter and a job, few programs provide transitional housing until a person can afford or find an apartment, or provide support, money management, and living skills. Being homeless is a devastating blow that creates major depression and sometimes permanent damage to self-esteem. The longer a person is homeless the harder it is to restore his or her confidence. Ongoing support past an initial thirty-day shelter stay is needed.

The best approach to service delivery depends upon the segment of the homeless population targeted. In general, a case management model targets the entire range of needs and includes the objective of moving a homeless person off the streets, into short-term shelter, into transitional housing, and finally into independent living situations. Short-term basic need models have a place in the immediate prevention of death due to exposure, but they have no provision for ending a person's homelessness.

Services need to be provided for short-term food and shelter, transitional housing, and case management, and long-term independent living. Short-term services for substance abusers need to include treatment while transitional programs need to include maintenance services for this population. Services to veterans need to include targeted counseling. The mentally ill need "life-support" in terms of medication, money management, and day care. In summary, the best general approach to service delivery appears to be outreach and, once a person has entered the system, case management oriented to the entire range of human needs with the goal of supporting a person to an independent state.

The provision of a mobile trailer to provide outreach and referral to homeless people has proved to be a valuable resource in other places like New York City. Department of Mental Health and Ocean Park Community Center utilize mobile outreach teams to reach the homeless. In a region as spread out as Los Angeles, a mobile trailer could provide maximum use of staff time.

The Weingart Center is also a model program, funded by the City and County, operating in downtown Los Angeles. In one physical location, many services are offered by independent program providers. Weingart includes shelter, low-cost meals, medical, mental health, alcohol and drop-in counseling services. This is the largest shelter in the County with approximately 600 beds.

D. ORGANIZATIONS BEST EQUIPPED TO PROVIDE LEADERSHIP

Background/Findings: A City of Pasadena report summed up this issue well:

"Unless there is acknowledgement by all levels of government and the private sector that homelessness is a societal problem and should not be tolerated amidst the affluence of this country, there will not be meaningful solutions."

A national poll released earlier this month shows the Country's voters rank homelessness and hunger as the second most important issue facing the next President - just behind reducing the Federal deficit, but well ahead of controlling the nuclear-arms race or finding a cure for AIDS. The Federal and State governments, the County, and each City within it, as well as businesses, private groups, and individuals must work together and be jointly responsible for eliminating homelessness.

Locally, the best organization to provide leadership is the Board of Supervisors of the County of Los Angeles. Constituents within the County look to the Board for leadership, direction, and guidance. Cities within the County frequently follow the lead of the Board.

Currently, the homeless are being viewed by many of the non-homeless as lepers were during the 1800's. Those with shelter do not want the homeless sleeping outside near them or in shelters near them. Many are unwilling to have drop-in centers or other social service programs near them. There is a prevalent attitude that the homeless prefer to be homeless, are different from the rest of us, are violent, are addicts, or are thieves. Statistics bear these attitudes to be mostly erroneous. In reality, any of us could be any of them.

The Board of Supervisors needs to provide direction throughout the County on this issue. The most important and critical method for accomplishing this is to support the establishment of shelters and other services for the homeless over the objections of businesses and residents, when a program has been deemed well managed and appropriate. Once the program is established, if it proves to be a detriment to the community it can be relocated at the close of a year.

The people of Los Angeles are looking to the Board, as well as the local city councils, to provide direction on how to view the homeless. By bowing to hysteria and fear about an unknown group of people, the elected boards are conveying their own

misinformed attitudes and misplaced fears. Each elected official needs to educate himself or herself about those who are homeless and why they are homeless, and then support programs to return the homeless to the ranks of the sheltered.

As an example of positive action by a local governing body, it has long been the policy of the City of Santa Monica to vote for the establishment of shelters and agencies over neighborhood objections, with the philosophy that if there is a problem once the program begins operation, the Council will address the actual problem -- not the fear of one. The City places opening and operating shelters and other services for the homeless as a very high priority use for City-owned buildings. The City spends more than \$900,000 of its own funds on homeless services (in comparison to the City of Los Angeles, many, many times larger than Santa Monica, which spends \$1 million of its own funds). Numerous services have been approved in the past four years, most of which now have the full support of neighborhood residents and businesses. None has ever had to be closed or relocated. Still, fear continues and, as recently as February 5, 1988 the Council approved a walk-in center for the homeless over the objections of twenty-four business owners. The Council continues to provide leadership.

In comparison, next door to Santa Monica, the Venice community (part of the City of Los Angeles) has experienced mass outcry and even one killing over the homeless issue. Although the City of Los Angeles spends \$60 million on the homeless, none is spent in Venice, even though the second largest concentration of the homeless is found in that area. The City Council of Los Angeles has provided limited leadership to the Venice community, appearing to acquiesce to the neighborhood's fear.

In terms of leadership provided by the County to the Venice area, less than 4 percent of the funding distributed by the County goes to the Westside which accounts for 14 percent of the homeless population (by most estimates). The County funds only forty shelter beds in the area, out of 4,950 beds funded Countywide. The leadership provided by Santa Monica has created an atmosphere in which homelessness is not a major issue. Next door, the apparent lack of leadership has created a hostile, violent confrontation between neighborhoods, politicians, and the homeless.

However, the County of Los Angeles has addressed the needs of the homeless in many ways. A Countywide homeless coordinator has been designated to act as a resource for coordination of services Countywide. Homeless coordinators exist also within agencies that deal with the homeless, such as Department of Mental Health, Department of Children's and Senior Citizens Services, and Department of Health Services. Funding for homeless programs has increased greatly since 1983.

The County has a cold weather program wherein armories, vacant buildings, and the like are opened as "warming stations" on nights when the temperature drops to 40 degrees. Notice of these openings usually occurs around 4 p.m., with actual opening of facilities at 6 p.m.

Several County/City partnerships have been formed to create shelters, most notably Transition House in downtown Los Angeles. Excellent services such as Skid Row Mental Health, part of the Department of Mental Health, have been opened to work in consort with private providers.

The City of Los Angeles has adopted a homeless policy and also has designated a homeless coordinator. In addition, a housing coordinator works directly out of the Mayor's office. City funding for the homeless also has increased dramatically in the last few years. The City operates a cold weather program similar to the County's although the criteria for opening the "warming stations" is different. A City owned warehouse in Skid Row has recently been approved for use as housing as part of Los Angeles Men's Place. Certain Council people have attempted to provide leadership in this area, most notably the Councilperson for Echo Park, who has supported an evolving program to be operated by Los Angeles Men's Place, over stiff neighborhood opposition.

Leadership can and should be provided by the business community as well as by elected officials. Greater Los Angeles Partnership for the Homeless (GLAPH) has raised more than \$1 million dollars and has a stellar board composed of business and civic leaders. Although this powerful group could have tremendous influence on public opinion and political process, they have provided limited advocacy for the homeless and have not involved themselves directly with those who provide service. Although they fund Los Angeles Men's Place (LAMP), one of the nationally lauded programs downtown, no GLAPH staff or Board members attended a recent City Council meeting to support LAMP during a vote to determine whether or not a new program would be allowed. Few, if any, program directors have had access to the GLAPH Board. The funding GLAPH has provided is very important. However, places like LAMP that have the funding they need but can't secure community support, need leadership from the business community as well.

The "Public Officials' Dialogue" convened by the United Way and Greater Los Angeles Partnership for The Homeless has been an important step in facilitating communication between public officials related to homelessness. These meetings (two have been held) have provided a forum for discussion of mutual solutions to common problems. These meetings should continue as a vehicle for coordinating homeless policy throughout the County.

IV. RECOMMENDATIONS AND COMMENDATIONS

A. RECOMMENDATIONS

The Grand Jury recommends that:

1. The Board of Supervisors enhance the needs of the homeless by designating advocates of the homeless on each of its staff.
2. Leadership be provided to the County, City of Los Angeles, as well as other cities, by:
 - . creating a Board of Supervisor Administrative position to provide advocacy, lobbying and development of policies related to affordable housing, childcare, job training and other issues related to homelessness, and
 - . supporting legislative initiatives that establish needed services for the homeless even when such initiatives are deemed politically unpopular.
2. The Board of Supervisors' reexamine housing programs to develop funding to supply affordable housing specifically addressing the needs of people with very low incomes. Other aspects should include developer contributions per project square footage to a housing trust fund, inclusionary zoning (a minimum number of affordable units in each area), and density incentives (Extra density incentives to developers to provide a percentage of units for the very low-income and for the handicapped).
4. The Board of Supervisors provide space and/or seek increased funding for provision of services to the homeless for:
 - . Outreach, particularly to veterans, women, the mentally ill, and discarded youth
 - . Case management (monitoring, arranging for and assessing comprehensive services for a homeless person/family)
 - . Increase shelter beds - by 1990, United Way has projected a minimum requirement of 13,000 shelter beds.
5. The Board of Supervisors implement a pilot program to create neighborhood or regional service centers for intake and referral of all homeless people. Each homeless person or family's needs would be comprehensively assessed at these centers and provided services on site, when possible.

6. The Board of Supervisors establish a pilot program using a mobile trailer to provide outreach and referral to the homeless.

B. COMMENDATIONS

The Grand Jury commends:

- . The many shelter providers and others who provide services to the homeless who work in poor conditions for low pay. The dedication and involvement over a long period of time of many of those interviewed is outstanding.
- . The City of Santa Monica which is on the forefront of providing leadership, services and housing to the homeless.
- . Staff within the County of Los Angeles Departments of Mental Health, Health Services, Public Social Services, Veterans Affairs, Community and Senior Citizens Services, Children's Services and Community Development Department for their many efforts to assist the homeless.
- . The City of Los Angeles Community Redevelopment Agency for creating the Skid Row Development Corporation and assisting in provision of affordable housing and shelter services through funding of Shelter Partnership
- . The City of Los Angeles Community Development Department for assisting in the creation of a homeless policy.
- . United Way for funding key organizations and conducting research on the issue when the problem first mushroomed, as well as for convening the important "Public Officials' Dialogue."
- . The Unitarian Universalist Society of Sepulveda for accepting the installation of City of Los Angeles mobile trailers for the homeless on their property.

V. APPENDICES

List of Interviewees

Albert Greenstein - Chairman, Board of Directors, Weinstein Center
Molly Lowry - Director, L.A. Men's Place
Donna Dunn - County of Los Angeles Homeless Coordinator
Fran Griffin - County of Los Angeles, Department of Mental Health
David Wood - Rand Corporation
Vivien Rothstein - Executive Director Ocean Park Community Center
Jim Moreno, Deputy, Supervisor Edelman's Office, County of Los Angeles
Gary Blasi - Legal Aid Foundation
Mary Strobel - City of Santa Monica, City Attorney's Office
Tony Rodgers - Department of Health Services, County of Los Angeles
Gene Boutilier - United Way
Ruth Schwartz - Shelter Partnership
Bob Erlenbush - Los Angeles Homeless Health Care Project
Nancy Mintie - Inner City Law Center
Linda Groner - Jump Street
Ofelia Lopez - Department of Public Social Services, County of Los Angeles
Norma Vescovo - Independent Living Center
Russell Lane - Daybreak

Mary Grey - Deputy, Supervisor Dana's Office, County of Los Angeles
Grace Davis - Mayor Bradley's Office
Bob Vilmer - City of Los Angeles Homeless Coordinator
Edna Bruce - County of Los Angeles, Community Development Commission

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